

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/17/2023
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY REPRODUCTIVE HEALTH CENTER STATE LICENSE NUMBER: 00018701		STREET ADDRESS, CITY, STATE, ZIP CODE: 5910 KIRKWOOD STREET PITTSBURGH, PA 15206			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
M 0000	<p>INITIAL COMMENT</p> <p>This report is the result of an unannounced revisit of an Annual Registration survey conducted on April 17, 2023. The revisit is a follow up to the survey completed on November 14, 2022, with continued document review until December 16, 2022, at Allegheny Reproductive Health Center. It was determined the facility was in compliance with the requirements of the Pennsylvania Department of Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surgery in Hospitals and Clinics.</p>	M 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

Pennsylvania Department of Health

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NAME OF PROVIDER OR SUPPLIER: ALLEGHENY REPRODUCTIVE HEALTH CENTER STATE LICENSE NUMBER: 00018701		STREET ADDRESS, CITY, STATE, ZIP CODE: 5910 KIRKWOOD STREET PITTSBURGH, PA 15206		
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S 0000	<p>INITIAL COMMENT</p> <p>This report is the result of an unannounced revisit survey conducted on April 17, 2023, following a State Licensure survey completed on November 14, 2022, with continued document review until December 16, 2022, at Allegheny Reproductive Health Center. It was determined that the facility was in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.</p>	S 0000		

(X6) DATE:



Certified End Page

ALLEGHENY REPRODUCTIVE HEALTH CENTER

STATE LICENSE NUMBER: 00018701

SURVEY EXIT DATE: 04/17/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY